

The Effect of Identity Dissonance and Consonance on Professional Identity Formation in Medical Students



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Jessica N. Byram, PhD

Department of Anatomy, Cell Biology & Physiology, Indiana University School of Medicine, Indianapolis, Indiana, USA

BACKGROUND

Medical students enter medical education during a formative stage of development. While developing as individuals, medical students must internalize the norms, values, knowledge, and skills required of physicians.¹ It was once assumed the process of professionalization was a relatively straightforward.² However, professional identity formation (PIF) in medical students requires negotiating and abandoning existing identities and an adoption of a professional identity consistent with physicians.³ Incongruity between personal and professional identities can result in identity dissonance.⁴

PURPOSE

- Examine the processes through which medical students' identities are transformed across the second and third years of medical school.
- Examine how developing professional identities blend with medical students' existing identities.
- Understand how experiences in medical education result in the formation of a professional identity that is consonant or dissonant with students' perceptions of physician identity.

METHODS

Data Collection

- MS2s from Indiana University School of Medicine (IUSM).
- 3 one-on-one semi-structured interviews:
 - Start of MS2, end of MS2, and end of MS3.
 - Interviews were audio recorded and lasted between 45-60 minutes.
- 10 Audio diary recordings at two month intervals between interviews.
 - Prompts to direct conversation toward PIF and significant experiences.
 - 87% submission rate.
 - Average length of 10:28 (range of 3:46 – 30:06).

Data Analysis

- Data was analyzed using the Constant Comparative Approach where data was concurrently analyzed during the data collection phase.
- Data was coded from the audio using OneNote.
- Codes were linked to segments of audio.
- Significant statements were transcribed verbatim.
- Codes were categorized into themes to produce a framework of PIF.

RESULTS

Identity Consonance

- Identity consonance occurred when students felt their personalities matched the identity of a "typical" medical student or physician.
- Experiences were consistent with their expectations of being a medical student and confirmed commitment to medicine.
- Adapted or identified personality traits seen as beneficial to physicians (e.g., logical, problem-solver, etc.).

"Growing up I've always been told I have a logical mind... And I think that will serve me well being a physician and running through algorithms and looking at the things I know I can't miss, what test to do next, and the sort of stepwise approach to find the diagnosis. I'm not sure how much that will relate to my professional identity in the sense that those are just the things that you need to do to be a doctor."

- Positive role models and experiences validated professional identity and allowed participants to see who they could become as physicians.

"My attendings have been fantastic. They are good role models and definitely people that I want to be like when I become a physician."

- Clinical curriculum confirms developing physician identity and commitment to medicine.

"When you get into the clinical years you just feel much more like you're actually doing medicine rather than the past two years I felt like I've been getting a Master's degree in biology, especially the first year."

Positive Identity Dissonance

- Positive identity dissonance occurred when students found inconsistencies between their identities and the typical medical student or physician identity, but considered it a necessity to overcome.
- Experiences that challenged their expectations of being a medical student or physician disrupted identity formation.
- Considered some personality traits (e.g., shyness, introversion) to be inconsistent with physician identity and accommodated their personalities to match.

"I'm definitely an introvert. I know that's a part of my personality that won't be getting used. I'll be spending a lot of my energy putting myself out there and talking to patients and maybe using that side more and leaving the rest of it at home just because that's the nature of the job."

- Experiences with negative role models challenged conceptions of good physicians.

"You go into medical school and you're like 'oh, all physicians are great.' ... So it is kind of a shock value when someone's a bad physician or a bad teacher, maybe not a bad physician, but they are bad at some part of their role."

- Focus on testing and few patient interactions in pre-clinical curriculum restricts PIF.

"It's hard to focus on who you're going to be as a physician when your immediate goal is passing a test, so that you still have all the options open when you decide what kind of physician you want to be."

Negative Identity Dissonance

- Negative identity dissonance occurred when students' identities were challenged and when they began to doubt their abilities to become a physician.
- Students considered medical education to be conforming and refused to modify personality to fit the mold of the "typical" medical student.

"I don't have to be any one particular way. Sort of developing myself as an individual is okay. It's something that helps me develop as a future physician because I feel like a lot of medical education is about conformity."

- Female students referred to as "nursing students" or "nurses" by patients disrupted developing professional identities.

"I feel like I have to kind of defend myself a lot more. [Patients] asked me when I'm going to be a nurse and things like that. It makes me a little frustrated so I feel like there is more pressure to know what I am talking about than other people. I feel like I have to learn more to make up for it and to project more confidence."

- Lack of performance feedback in the clinic increased doubt in student's abilities to perform the role of a medical student.
- Lower than expected grades led students to doubt their ability to become a physician.

"Sometimes when I do get below average grades I'm like 'oh my gosh, I'm going to be the worst doctor ever' and it makes me feel kind of ... insecure about my professional identity if I feel like I don't have the biomedical knowledge."

DISCUSSION

- Medical students contend with competing discourses about what it means to be a medical student that impact their PIF.⁵
- Having an identity different from what one perceives as a "typical" medical student or physician results in identity dissonance for some students.
- Identity dissonance results in challenges forming a professional identity consistent with the profession.
- Negative dissonance may result in the internalization of an identity incompatible with profession and may result in students leaving the medical profession.⁴
- Doubt reduces medical student well-being and leads them to question their purpose.⁷
- Doubt has significant impact on students' PIF and limits ability to see self as a physician.⁶
- Medical educators need to address concerns of students experiencing identity dissonance and doubt.
- Reflective practices may give medical students an opportunity to confront and explore their experiences with identity dissonance.⁸

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